

Exhibit C

FILED UNDER SEAL

Place Label Here

VERNON JERVIS **DOB 06/02/81**
A214843695 29512 INTAKE 04/14/20

Appendix D
DONALD W. WYATT DETENTION FACILITY
PHYSICAL ASSESSMENT

TYPE OF ASSESSMENT: ☐ INITIAL ☐ OTHER

Reviewed intake screenings and available test results. ☐ Yes ☐ No

FAMILY HISTORY: F=FATHER, M=MOTHER, B=BROTHER, S=SISTER

<input type="checkbox"/> TB	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> HIV+*
<input type="checkbox"/> CANCER	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> EPILEPSY
<input type="checkbox"/> KIDNEY DISEASE	<input type="checkbox"/> SICKLE CELL	<input type="checkbox"/> SEIZURES
<input type="checkbox"/> MENTAL ILLNESS	<input type="checkbox"/> DIABETES	<input type="checkbox"/> HEART DISEASE
<input type="checkbox"/> HYPERTENSION	<input type="checkbox"/> ANEMIA	

REVIEW OF SYSTEMS: ☐ Negative

Normal/Not Present Please ☒ Abnormal Please Comment

SKIN:	Color Condition Turgor Recent Injury Tattoos Scars	Chart Review only - Contact warm dieserred	
HEAD:	Hair Scalp (pediculi)		20 Covid
EARS:	Appearance Canals		
MOUTH:	Throat Tongue Tonsils		
NOSE:	Obstruction Drainage		
NECK:	Veins Mobility Thyroid Carotids Lymph nodes		
CHEST (BREASTS):	Configuration Auscultation Respiration's Cough/Sputum		
HEART:	Auscultation Radial pulse Apical pulse Rhythm		
ABDOMEN:	Shape Bowel Sounds Palpation Hernia		
SPINE:			
NEUROLOGICAL:	Reflexes		
GENTIL/URINARY:	Lesions Discharge		
RECTAL EXAM (50 yrs. old and older):	Hemorrhoids Anal Warts Stool for Occult Blood +		
EXTREMITIES:	Pulses Edema Joints		

MEDS: Keper 1500mg ALL: NKDA
 VITAL SIGNS

HT _____ WT _____ BP _____
 PULSE _____ RESP _____ TEMP _____

PAST MEDICAL HISTORY

Hb Acudual England TBT
Coma 9 months

SURGICAL HISTORY

Plate in head
on Keper 1500mg BPD - Seizure

IMMUNIZATION STATUS

Date of last Tetanus shot: _____
 Date of last HIV test: _____
 Date of last HEP C test: _____
 HEP A Vaccine ☐ Yes ☐ No HEP B Vaccine ☐ Yes ☐ No

TB SCREENING

Current PPD - Date Given: 4/14/2020
 Results and Date: _____
 Follow-up scheduled: ☐ Not Indicated ☐ Yes

ORAL SCREENING

Pain/Discomfort: ☐ Yes ☐ No
 Condition of teeth: ☐ Poor ☐ Fair ☐ Good
 Condition of gums: ☐ Poor ☐ Healthy
 False teeth: ☐ Partial Plate ☐ Upper ☐ Lower

VISION (SNELLEN CHART)

Right: _____ with glasses _____
 Left: _____ with glasses _____

FEMALES ONLY

LMP: _____ G _____ P _____
 Pap Smear: _____

OTHER

Suicide Attempt: ☐ Yes ☐ No Suicide ideation: ☐ Yes ☐ No
 Stabbings: ☐ Yes ☐ No GSW: ☐ Yes ☐ No
 FTOH Use: ☐ Yes ☐ No IVDU: ☐ Yes ☐ No
 Smoking: ☐ Yes ☐ No
 Family Contact: ☐ Yes ☐ No

COMMENTS

Chart Review only -
Covid test ordered by Dr Blackely
(-) exam - Review only

REFERRAL

Review chart
- Needs Realt covid testing
TBT - SP Acciden

ASSESSED BY:

Physician/N.P.
 Signature: [Signature]

Date: 5/1/2020

DONALD W. WYATT DETENTION FACILITY
PHYSICIAN'S ORDERS

Name: **VERNON JERVIS** DOB: **06/02/81** D.O.B. 6/2/81
A214843695 29512 INTAKE 04/14/20
ID# _____ is Penicillin

Check box as order is noted	(Date & Time)	<u>4/14/20 7:34pm Dr. Blanchett RN</u>
Noted by: <u>[Signature]</u>		<u>Keppra 1,500mg PO BID X 90 days. DIC</u>
Date: <u>4/14/20</u>		
Time: <u>8:20pm</u>		
M.D. Signature <u>[Signature]</u>		Date <u>4/15/2020</u>

Check box as order is noted	(Date & Time)	<u>4/14/20 7:34pm Dr. Blanchett RN</u>
Noted by: <u>[Signature]</u>		<u>Bottom back pain in right hip area. SMC</u>
Date: <u>4/14/20</u>		
Time: <u>8:35pm</u>		
M.D. Signature <u>[Signature]</u>		Date <u>4/15/2020</u>

Check box as order is noted	(Date & Time)	<u>4/14/20 9pm</u>
Noted by: <u>[Signature]</u>		<u>Motrin 600mg PO BID/PRN X 60 days</u>
Date: <u>4/14/20</u>		<u>R/t back pain per protocol</u>
Time: <u>9pm</u>		
M.D. Signature <u>[Signature]</u>		Date <u>4/15/2020</u>

Check box as order is noted	(Date & Time)	
Noted by:		
Date:		
Time:		
M.D. Signature		Date